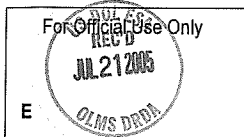


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3852</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>CARL</u> <u>A</u> <u>LUISI JR</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>300 SALINE STREET</u> City <u>PITTSBURGH</u> State <u>Pennsylvania</u> ZIP Code + 4 <u></u>	4. Name, file number, and address of labor organization. Name <u>INT'L UNION OF OP ENG LOCAL 95 AND 95A</u> Labor Organization File Number <u>037-173</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>300 SALINE STRET</u> City <u>PITTSBURGH</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15207</u>
5. Position in labor organization. <u>EDUCATION COORDINATOR/INSTRUCTOR</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Carl A Luisi

On

Date

412-422-4702

Telephone Number

Name of Person Filing CARL LUISI JR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name INT UNION OF OP ENG LOC 95 TRNG FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 300 SALINE STREET

City PITTSBURGH

State Pennsylvania ZIP Code + 4 15207

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

THE TRAINING FUND PROVIDES TRAINING THROUGH CLASSES AND SEMINARS TO MEMBERS OF INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 95. THE TRAINING FUND REIMBURSES THE LOCAL FOR ADMINISTRATIVE EXPENSES

11.b. Approximate dollar value of such dealing.

\$59,000

12.a. Nature of interest held or income received.

REIMBURSED TRAVEL EXPENSES

12.b. Amount.

\$2,567

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.